

AKA: <u>LEWIS Jimmy</u>		Judge: <u>PLA</u>
ID Number: <u>0305016966</u>		DOB: <u>[REDACTED]</u>
Criminal Action Number:	Charge: <u>Carjacking 2nd</u>	
Prefix <u>IN</u> Number <u>03-06-0175</u> Suffix		
FINANCIAL		
<input type="checkbox"/> Pay Costs	<input type="checkbox"/> Costs Suspended	<input type="checkbox"/> Pay Fine \$ <input type="checkbox"/> 15% <input type="checkbox"/> 18% <input type="checkbox"/> Fine Suspended:
IMPRISONMENT/PROBATION		
<input type="checkbox"/> In Violation of Probation/Contempt <input type="checkbox"/> Revoked <input type="checkbox"/> Continued <input type="checkbox"/> Modified <input type="checkbox"/> Discharged		
Effective: <u>5</u> years <u>5</u> months <u>5</u> days At Level <u>5</u>		Beginning: _____
Be imprisoned for _____		Ending: _____
Level 5 Treatment: _____		Eff Date: <u>5/26/03</u>
<input type="checkbox"/> Min. Mandatory Time: _____ Title/Sec: _____	<input type="checkbox"/> Credit for <input type="checkbox"/> Time Served	
<input type="checkbox"/> Suspended Immediately		
<input type="checkbox"/> Susp After _____ <input type="checkbox"/> time served for _____ at Level _____ <input type="checkbox"/> Plummer/Home Conf/Day Reporting		
<input type="checkbox"/> Susp After _____ <input type="checkbox"/> time served for _____ at Level _____ <input type="checkbox"/> Plummer/Home Conf/Day Reporting		
<input type="checkbox"/> Susp After _____ <input type="checkbox"/> time served for _____ at Level _____ <input type="checkbox"/> Plummer/Home Conf/Day Reporting		
Followed By: _____ at Level _____ Balance at Level _____		
Probation for _____ at Level _____ Suspended after _____ for _____ at Level _____		
<input type="checkbox"/> Consecutive to:		<input checked="" type="checkbox"/> Concurrent with:
<input type="checkbox"/> Level 4 Sentence, Hold at: (circle one) <u>3</u> <u>5</u>		<input type="checkbox"/> Guilty but Mentally Ill, to be confined at Delaware Psychiatric Center (Delaware State Hospital) until competent.
RESTITUTION	TO:	Amount:
<input type="checkbox"/> Determined by Presentence Memo	Address:	
CONDITIONS <input type="checkbox"/> Pay costs, fines, restitution during _____ <input type="checkbox"/> Probationary period <input type="checkbox"/> Previously Ordered		
<input type="checkbox"/> Work Referral <input type="checkbox"/> TASC Supervision/Evaluation <input type="checkbox"/> Pay Costs of Supervision <input type="checkbox"/> One Time Fee <input type="checkbox"/> Determined by Probation <input type="checkbox"/> Community Service: _____ Hours <input checked="" type="checkbox"/> No Contact with <u>Patrick Geer</u> <input type="checkbox"/> Victim <input type="checkbox"/> Codefendant <input type="checkbox"/> No Driving for _____ <input checked="" type="checkbox"/> Subst Abuse Eval <input type="checkbox"/> Alcohol Treatment <input checked="" type="checkbox"/> Mental Health <input type="checkbox"/> Residential Drug/Alc <input type="checkbox"/> Job Training <input type="checkbox"/> Obtain GED <input type="checkbox"/> Outpatient Drug/Alc <input type="checkbox"/> Fully Employed <input type="checkbox"/> Random Urinalysis <input type="checkbox"/> 4177 DUI Program <input type="checkbox"/> Zero Tolerance <input type="checkbox"/> Follow Original Conditions of Probation <u>Anger Management</u>		<input type="checkbox"/> SEX OFFENDER: (circle one) <u>COMMITMENT</u> Registration/Community Notification Required. Level 1-4 Sentence: Super Ct to provide notice and register deft. Level 5 Sentence: Dept of Correction to provide notice and register deft. RELEASE DEFERRED COMMITMENT
<input checked="" type="checkbox"/> Nolle Prosses entered on remaining charges		PR \$
<input checked="" type="checkbox"/> Nolle Prosses entered on Criminal Action Number(s):		SH \$
		TOTAL \$

DEF. ATTY:

DAG:

CLERK:

CT. REP:

Edinger

Robertson

Ferry

Coale

Defendant Name:

AKA:

Lewis, Jimmy

Judge:

PLA

ID Number:

6365016966

DOB:

[REDACTED]

Criminal Action Number:

Charge:

Prefix

Number

03-06-0177

Suffix

Resist Arrest

FINANCIAL

☐ Pay Costs☐ Costs Suspended☐ Pay Fine \$☐ 15%☐ 18%☐ Fine Suspended:

IMPRISONMENT/PROBATION

☐ In Violation of Probation/Contempt☐ Revoked☐ Continued☐ Modified☐ Discharged

Effective:

Beginning:

Be imprisoned for 1 years months days At Level 5

Ending:

Level 5 Treatment:

Eff Date:

☐ Min. Mandatory Time:

Title/Sec:

☐ Credit for☐ Time Served☒ Suspended Immediately☐ Susp After☐ time served for

14

at Level

2

☐ Plummer/Home Conf/Day Reporting☐ Susp After☐ time served for

at Level

☐ Plummer/Home Conf/Day Reporting☐ Susp After☐ time served for

at Level

☐ Plummer/Home Conf/Day Reporting

Followed By: at Level Balance at Level

Probation for

at Level

Suspended after

for

at Level

☐ Consecutive to:☒ Concurrent with:☐ Level 4 Sentence, Hold at;
(circle one) 3 5☐ Guilty but Mentally Ill, to be confined at Delaware Psychiatric Center (Delaware State Hospital) until competent.

RESTITUTION

TO:

Amount:

☐Determined by
Presentence Memo

Address:

CONDITIONS

☐ Pay costs, fines, restitution during☐ Probationary period☐ Previously Ordered☐ Work Referral☐ TASC Supervision/Evaluation☐ Pay Costs of Supervision☐ One Time Fee☐ Determined by Probation☐ Community Service:

Hours

☐ No Contact with☐ Victim☐ Codefendant☐ No Driving for☐ Subst Abuse Eval☐ Alcohol Treatment☐ Mental Health☐ Residential Drug/Alc☐ Job Training☐ Obtain GED☐ Outpatient Drug/Alc☐ Fully Employed☐ Random Urinalysis☐ 4177 DUI Program☐ Zero Tolerance☐ Follow Original Conditions of Probation

☐ SEX OFFENDER:
Registration/Com-
munity Notification
Required. Level 1-4
Sentence: Super Ct
to provide notice
and register deft.
Level 5 Sentence:
Dept of Correction
to provide notice
and register deft.

(circle one)

COMMITMENT

RELEASE

DEFERRED
COMMITMENT☒ Nolle Prosses entered on remaining charges☒ Nolle Prosses entered on Criminal Action Number(s):

PR \$

SH \$

TOTAL \$

DEPUTY:

Edinger

DAG:

Robertson

CLERK:

Ferry

CT. REP:

Coale

STATE OF DELAWARE

VS.

JIMMY LEWIS

Alias: No Aliases

DOB: [REDACTED]
SBI: 00506622

CASE NUMBER:
0305016966

CRIMINAL ACTION NUMBER:
IN03-06-0175
CARJACKING 2ND(F)
IN03-06-0176
THEFT \$1000 OR>(F)
IN03-06-0177
RESIST ARREST(M)

SENTENCE ORDER

NOW THIS 11TH DAY OF FEBRUARY, 2005, IT IS THE ORDER OF
THE COURT THAT:

The defendant is adjudged guilty of the offense(s) charged.
The defendant is to pay the costs of prosecution and all
statutory surcharges.

AS TO IN03-06-0175- : TIS
CARJACKING 2ND

Effective May 26, 2003 the defendant is sentenced
as follows:

- The defendant is placed in the custody of the Department
of Correction for 5 year(s) at supervision level 5

Probation is concurrent to any probation now serving.

AS TO IN03-06-0176- : TIS
THEFT \$1000 OR>

- The defendant is placed in the custody of the Department
of Correction for 2 year(s) at supervision level 5

- Suspended after serving 1 year(s) at supervision level 5

APPROVED ORDER 1 November 9, 2007 10:11

VS:
JIMMY LEWIS

DOB: 12/25/1966

SBI: 00506622

- For 1 year(s) supervision level 4 PLUMMER CENTER
- Suspended after serving 6 month(s) at supervision level 4 PLUMMER CENTER
- *
- For 6 month(s) supervision level 3
- Hold at supervision level 5
- Until space is available at supervision level 4 PLUMMER CENTER

Probation is concurrent to any probation now serving.

**AS TO IN03-06-0177- : TIS
RESIST ARREST**

- The defendant is placed in the custody of the Department of Correction for 1 year(s) at supervision level 5

- Suspended for 1 year(s) at supervision level 2

Probation is concurrent to any probation now serving.

STATE OF DELAWARE

VS.

JIMMY LEWIS

DOB: 12/25/1966

SBI: 00506622

CASE NUMBER:

0305016966

The defendant shall pay any monetary assessments ordered during the period of probation pursuant to a schedule of payments which the probation officer will establish.

Have no contact with Patrick Geer

Defendant shall successfully complete anger management, counseling, treatment program.

The defendant shall undergo mental health evaluation and follow recommendation for counseling and treatment.

NOTES

Aggravating Circumstances - 2 or more violent felonies -
Lack of Remorse

JUDGE PEGGY L ABLEMAN

VS.

JIMMY LEWIS

DOB: 12/25/1966

SBI: 00506622

CASE NUMBER:

0305016966

AGGRAVATING

LACK OF REMORSE

APPROVED ORDER

5

November 9, 2007 10:11

VS.
JIMMY LEWIS
DOB: 12/25/1966
SBI: 00506622

CASE NUMBER:
0305016966

SENTENCE CONTINUED:

TOTAL DRUG DIVERSION FEE ORDERED

TOTAL CIVIL PENALTY ORDERED

TOTAL DRUG REHAB. TREAT. ED. ORDERED

TOTAL EXTRADITION ORDERED

TOTAL FINE AMOUNT ORDERED

FORENSIC FINE ORDERED

RESTITUTION ORDERED

SHERIFF, NCCO ORDERED

SHERIFF, KENT ORDERED

SHERIFF, SUSSEX ORDERED

PUBLIC DEF, FEE ORDERED	50.00
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PROSECUTION FEE ORDERED	100.00
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VICTIM'S COM ORDERED

VIDEOPHONE FEE ORDERED	3.00
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TOTAL	153.00
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APPROVED ORDER

4

November 9, 2007 10:11

Delaware Psychiatric Center
Patient Preference List

LEWIS, JIMMY

UNK M AF U
EDWIN PLACE NEWARK NJ 07112
MELBA JEAN LEWIS MOTH AREA 5
973-481-5028 05/21/2004

Description		++	+	-	Comments	Description		++	+	-	Comments
Starch						Vegetables					
	Potatoes		✓				Beets		✓		
	Pasta		✓				Broccoli		✓		
	Rice		✓				Cabbage		✓		
							Carrots		✓		
							Cauliflower		✓		
Meat/Protein						Other					
	Eggs		✓								
	Beef		✓								
	Chicken		✓								
	Turkey		✓								
	Pork			✓							
	Ham			✓							
	Veal		✓	✓							
	Fish		✓								
	Seafood		✓								
	Tuna		✓								
	Cottage cheese		✓								
	Cheese		✓								
	Peanut Butter		✓								
	Bacon			✓							
	Sausage			✓							
Breakfast						Key					
	French toast		✓			← Favorite		→ Likes		- Dislikes	
	Pancakes		✓								
	Cereal		✓		cold						
Hot Beverage Preference						Lunch					
Milk Preference						Dinner					
Bread Preference											
Juice Preference											
Cereal Preference											
Comments											
pt. eats cheese						CONFIDENTIAL - INFORMATION FOR PROFESSIONAL USE ONLY					
Does patient have any ethnic or religious preferences?						For professional use by authorized persons only -- not to be duplicated or released for others					
no pork, bread											
Does patient have food allergies?											
milk											

Sign N. Andersen, R.D.Date: 5.24.04

10/00

NA

00044

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 02/22/2008

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 151666	Grievance Date : 02/08/2008	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 02/08/2008	Incident Time :
IGC : Dutton, Matthew	Housing Location : Bldg 17, Lower, Tier A, Cell H, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate Claims: On Feb 1, 2008 I wrote and submitted a medical sick call request form stating that my feet and severely dry and cracked and that I also have fungus in between my toes. I requested to be checked by the doctor in order to have the ointment Eucern and to re-prescribed to me. But the sick call slip was returned to me, stating that I should purchase said item from commissary.

Remedy Requested : To be checked by the doctor in order to be prescribed the ointments I need to remedy the aforementioned condition of my feet.

INDIVIDUALS INVOLVED

Type

SBI #

Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 02/22/2008
Investigation Sent : 02/22/2008	Investigation Sent To : Moore, Ronnie
Grievance Amount :	

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Jimmie Lewis AHC SHU 17
Name (Print) Housing Location
[REDACTED] 506622 2/1/08
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? THE SKIN ON THE
BOTTOM OF MY FEET ARE SEVERELY DRY & CRACKED
IM REQUESTING TO BE PRESCRIBED UICERIN OINTMENT
AS WELL AS TOLNATATE ANTI-FUNGAL.

Jimmie Lewis 2/1/08
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: C/O dysphagia to eat

received
2/1/08

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: Chart ✓ previous orders

P: _____

E: Memo: Lotin feet must be bought from commissary
for dry skin no longer just given upon request
[Signature] 2/4/08
Provider Signature & Title Date & Time

3/1/99 DE01

FORM#:

MED

263

SMYRNA DE, 19977
Phone No. 302-653-9261**INFORMAL RESOLUTION****OFFENDER GRIEVANCE INFORMATION**

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 21065	Grievance Date : 11/21/2005	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Mail	Incident Date : 11/21/2005	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg 23, Upper, Tier D, Cell 2, Bottom	

INFORMAL RESOLUTION

Investigator Name : Smith, Tonya	Date of Report 12/09/2005
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Investigation Report :

Reason for Referring:

Investigator Name : Smith, Tonya	Date of Report 04/28/2006
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Investigation Report :

Reason for Referring: Ms. Smith,

This grievance has reached the 150 warning. Please have someone meet with the inmate for a level 1 and resolve if possible. Thank You,
Cpl. Merson

Investigator Name : Smith, Tonya	Date of Report 08/09/2006
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Investigation Report : The DCC Mail Room is to process outgoing legal mail within 48 hours of their receipt of such mail.

Reason for Referring: Ms Smith this grievance is 9 months old and there has never been an investigation done one needs to be completed ASAP in order for a hearing to be held thank you Cpl Merson

Investigator Name : Profaci, Alisa	Date of Report 08/18/2006
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Investigation Report :

Reason for Referring: Please review with Inmate.

Investigator Name : Burris, Betty	Date of Report 10/26/2006
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Investigation Report :

Reason for Referring: As per your instructions.

Investigator Name : Smith, Tonya	Date of Report 11/30/2006
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Investigation Report :

Reason for Referring: fy action.

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 21065	Grievance Date : 11/21/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 03/27/2007
Grievance Type: Mail	Incident Date : 11/21/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier D, Cell 2, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: The Mail Room is holding my legal mail that I am sending to the courts for 2 weeks before it is sent out. The dilemma is that the courts often order a rapid response (within 10 days) of receiving said order to respond. The 2 week delay for my response(s) can ultimately result in my case(s) being denied or procedurally barred due to my failure to respond with said court order.

Remedy Requested : I want my legal mail to be sent out to their destinations within 24 hours of being delivered to the Mail Room.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : NO	Date Received by Medical Unit :
Investigation Sent :	Investigation Sent To : Smith, Tonya
Grievance Amount :	

GRIEVANCE INFORMATION - Appeal**OFFENDER GRIEVANCE INFORMATION**

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 21065	Grievance Date : 11/21/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Mail	Incident Date : 11/21/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier D, Cell 2, Bottom	

APPEAL REQUEST

Appeal returned 27 March 2007.

Inmate states: As an inmate prisoner, I am allowed to utilize the pay to form #34 to cover the cost for legal mail postage; for which I must do without first knowing how much the cost of the legal mail postage will be, or exactly when the legal mail actually leaves this facility. My inmate individual account statement shows withdrawals for pay to's submitted two and three months prior, nor am I able to identify exactly who is responsible for withdrawing funds from my account. Also, I need to be able to factually verify that I have meet deadlines imposed by the courts.

REMEDY REQUEST

GRIEVANCE INFORMATION - WARDEN**OFFENDER GRIEVANCE INFORMATION**

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 21065	Grievance Date : 11/21/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type : Mail	Incident Date : 11/21/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier D, Cell 2, Bottom	

REFERRED TO

Due Date : _____ **Referred to:** _____ **Name:** _____

Type of Information Requested :

DECISION

Date Received : 01/05/2007

Decision Date : 03/16/2007 **Vote** : Deny

Comments : Denied. All outgoing legal mail is processed within 48 hours of the Mail Room receiving such.

cc IGC
Inmate

WARDEN / WARDEN'S DESIGNEE SIGNATURE

DATE

I WISH TO APPEAL THIS TO THE BUREAU GRIEVANCE OFFICER (B.G.O.) YES: _____ NO: _____

GRIEVANT'S SIGNATURE

DATE

I.G.C. SIGNATURE

DATE

GRIEVANCE INFORMATION - RGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : LEWIS, JIMMY SBI# : 00506622 Institution : DCC
 Grievance # : 21065 Grievance Date : 11/21/2005 Category : Individual
 Status : Resolved Resolution Status : Level 3 Inmate Status :
 Grievance Type: Mail Incident Date : 11/21/2005 Incident Time :
 IGC : Merson, Lise M Housing Location : Bldg 23, Upper, Tier D, Cell 2, Bottom

RGC

Date Received : 12/26/2006

Date of Recommendation: 01/05/2007

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Inmate	00370464	NELSON, CRAIG C	Uphold
Inmate	00367132	STEVENS, RANDY W	Uphold
Staff		Schrader, Sarah	Uphold
Staff		Merson, Lise M	Uphold
Staff		McCreanor, Michael	Abstain

VOTE COUNT

Uphold : 4

Deny : 0

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Hearing held 3 January 2007.

Uphold: Sent out 9-23-06. Arrived 10-5-06. Still happening. Mail addressed to Supreme court, Dover, Delaware. Court letter states appeal was 4 days late. There is no proof I/m sent letter on 9-23-06. I/m did not address grievance dated 11-2005. I/m stated 48 hrs deadline was acceptable. I/m would not sign.

Phone No. 302-653-9261

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 16149	Grievance Date : 07/31/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Law Library	Incident Date : 07/31/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 19, Upper, Tier D, Cell 12, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims he has been requesting legal assistance from the LL for the last two weeks but to no avail. He states none of his correspondences are acknowledged.

Remedy Requested : Inmate requests to be told why he is being denied LL access.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : NO	Date Received by Medical Unit :
Investigation Sent :	Investigation Sent To : Little, Michael
Grievance Amount :	

RECEIVED

FEB 21 2008

DCC Warden's Office

2/21/08

To: Warden Phelps

From: Jimmie Lewis SBI #506622
AHC SHU 17

1.) I'm writing because I have a few dilemmas that I must present to you for solutions. First of all, as of 12/9/07 I should have been placed on the waiting list for level 4 Glumma Center. I am being forced to serve my level 4 suspended sentence at level 5, CR A NO 03060176.

I am suppose to serve the later part of my sentence, for which is 6 month level 4 and 6 month probation. Because I am to be held at level 5 until space is available at level 4 my commitment isn't illegal until May 1, 08, (Cindy Wright records D.C.C.).

2.) The SHU law library clerk Brian Ingram will not provide me with the legal material I have requested on four separate occasions since Feb 1, 08. I have also had the counselor Linda Kemp deliver my law library request, but to no avail.

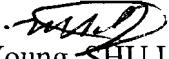
3.) Before I was transferred to D.P.C I owed \$589.00 for legal postage. At present I can't order the basic hygiene products like everyone else, such as deodorant, soap, lotion and toothpaste nor can I order from commissary any items such as food to supplement the very low calory diet. I hereby request that the legal postage bill be waived and or at least fixed so I can pay ~~max~~ 30% of the bill, for each money order I receive, for which would allow me to purchase the products I needed from commissary. Can you please contact the Support Service Dept in regards to this matter.

4.) I have grievencd these issues, but Capt McManor is doing his own thing, to the degree that he picks and chooses what grievance should be addressed even when its valid.

Please send me a return response on the issues as soon as possible.

M E M O

TO: I/M Jimmy Lewis, #506622, 19-A-U7, SHU

FROM: Mackinnon Young,  SHU Law Library Paralegal

RE: Request Received on September 8, 2005

Your request for photocopies of the attached Grievance Reports are denied on the basis that they are not legal photocopies as presented. I also refer you to Paralegal Brian Engrem's memo, dated April 19, 2005, denying a previous photocopy request of this nature.

Cc: File

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C DATE: 1/05/07
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: 97903 TIME OF INCIDENT: _____
 HOUSING UNIT: MTH23, D-4-2

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

BRIAN ENGRAM HAS REPEATEDLY DENIED
ME LAW LIBRARY AND OR LEGAL MATERIAL
ACCESS ON NUMEROUS OCCASIONS FOR WHICH
HAS CAUSED ME NUMEROUS DILEMMAS
WITH THE SUPERIOR COURT SUPREME COURT
AS WELL AS WITH THE UNITED STATES
DISTRICT COURT. BRIAN ENGRAMS ACTIONS
DEFINE A VIOLATION OF MY 1ST UNITED STATES
CONSTITUTIONAL RIGHTS, SEE GRIEVANCE #16149
DATED 7/31/05.

ACTION REQUESTED BY GRIEVANT: FOR THIS MATTER TO BE
INVESTIGATED.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/05/07

WAS AN INFORMAL RESOLUTION ACCEPTED? _____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

RECEIVED

JAN 17 2007

April '97 REV

Inmate Grievance Office

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C DATE: 2/8/08
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: 151307 TIME OF INCIDENT: 2/8/08
 HOUSING UNIT: AHC SHU 17

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 2/4/08 I WROTE AND SUBMITTED
 A REQUEST FOR PAGES 566 TO 626
 AND 638 TO 645 OF THE
 PRISONERS SELF HELP LITIGATION MANUAL,
 THE TABLE OF CONTENTS FOR THE
 FEDERAL RULES OF CIVIL PROCEDURES
 AS WELL AS CASE LAW BUT AS OF TO
 DATE MY LAW LIBRARY REQUEST FOR
 SAID MATERIALS HAVE BEEN IGNORED

ACTION REQUESTED BY GRIEVANT: TO RECEIVE THE AFOREMENTIONED
MATERIAL AS SOON AS POSSIBLE, AND FOR
MY REQUEST FOR LAW LIBRARY ASSISTANCE
TO BE ADDRESSED IN A APPROPRIATE AMOUNT
OF TIME.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 2/8/08

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

April '97 REV

RECEIVED
 FEB 18 2008
 INCH 2008 02

M E M O

TO: I/M Jimmie Lewis #506622

FROM: Brian Engrem, SHU Law Library Paralegal

DATE: January 27, 2006

RE: Photocopy Request

Your photocopy request for the 21 copies is denied. You have not sent a complaint that lists all defendants. There is no reason to supply you with the same amount of cover sheets for this complaint. You will need to supply the appropriate information to proceed with this photocopy request.

Cc: File

M E M O

TO: I/M Jimmie Lewis #506622

FROM: Brian Engrem, SHU Law Library Paralegal

DATE: June 8, 2005

RE: Photocopy Request

Your photocopy request is denied for photocopies. First, court cases, statutes, rules, digest keys and newspaper articles can be cited in your brief. Second, I contacted the Delaware Supreme Court regarding your case. You stated that the court rejected your brief and returned it with a citizen's guide. The court has indicated your motions have been forwarded to your lawyer John Edinger of the Public Defender's Office

Cc: File

M E M O

TO: I/M Jimmy Lewis #506622

FROM: Brian Engrem, SHU Law Library Paralegal

DATE: April 19, 2005

RE: Request Received on April 18, 2005

If you are requesting photocopies of the attached Grievance Reports, the request is denied. These reports are not considered legal photocopies as presented.

Cc: File

M E M O

TO: I/M Jimmie Lewis #506622

FROM: Brian Engrem, SHU Law Library Paralegal

DATE: October 4, 2005

RE: Photocopy Request

I called the US District Court in Wilmington regarding your amended complaint. The clerk's office indicates you have to be granted permission to amend your complaint. Your request for amending the complaint was received back in July. If the court grants your amended complaint, return your photocopy request with the order granting the amended complaint.

Cc: File

M E M O

TO: I/M Jimmie Lewis #506622

FROM: Brian Engrem, SHU Law Library Paralegal

DATE: December 6, 2005

RE: Photocopy Request

Your request is a court case sent to you from the public defender's office. The law library does not photocopy Court cases. Your request is denied. Indigent supplies are only given out by the law library when the inmate provides a documented court deadline and it is past the commissary date.

Cc: File



NEW CASTLE COUNTY
Carvel State Building
820 N. French Street
Wilmington, DE 19801
Criminal Division (302) 577-
8500
Fax: (302) 577-2496
Civil Division (302) 577-8400
Fax: (302) 577-6630
TTY: (302) 577-5783

KENT COUNTY
102 West Water Street
Dover, DE 19904
Criminal Division (302) 739-4211
Fax: (302) 739-6727
Civil Division (302) 739-7641
Fax: (302) 739-7652
TTY: (302) 739-1545

SUSSEX COUNTY
114 E. Market Street
Georgetown, DE 19947
(302) 856-5353
Fax: (302) 856-5369
TTY: (302) 856-2500

PLEASE REPLY TO:

[New Castle County-Civil Division]

May 11, 2007

The Honorable Gregory M. Sleet
United States District Court
District of Delaware
J. Caleb Boggs Federal Building
844 N. King Street
Wilmington, DE 19801

Re: *Lewis v. Carroll, et al.*,
D. Del., C.A. No. 06-778-GMS

Dear Judge Sleet:

Please allow this letter to reflect State Defendant Thomas Carroll's response in opposition to Plaintiff's Motion for Order to Compel Defendant Thomas L. Carrol [sic] to Place Jimmie Lewis into Protective Custody (the "Motion for Preliminary Injunction") (D.I. 10).

On April 20, 2007, Inmate Jimmie Lewis, SBI #506622, asked the officers at the Delaware Correctional Center to place him in protective custody. (Exhibit A at ¶ 2). Mr. Lewis's request for protective custody was based on his belief that two inmates were threatening him while he was housed on the Special Needs Unit. (Exhibit A at ¶ 2; Exhibit B). Mr. Lewis was placed in protective custody the same day as his request and he remained there until May 4, 2007, when he was transferred to the Infirmary. (Exhibit A at ¶ 3; Exhibit C). Mr. Lewis is, at present, still housed in the Infirmary but he will be transferred back to protective custody after the medical staff in the Infirmary discharges him. (Exhibit A at ¶ 3).

The Honorable Gregory M. Sleet

May 11, 2007

Page 2

Mr. Lewis's classification in protective custody is reviewed on a weekly basis. (Exhibit A at ¶ 4). However, Mr. Lewis will remain in protective custody until he no longer believes it necessary and signs off on a statement to that effect. (*Id.*).


Because Mr. Lewis is housed in protective custody and will remain there until he no longer believes the inmates are threatening his life, State Defendant Carroll asks that Lewis's Motion for Preliminary Injunction be denied as moot.

If the Court has any questions or concerns, or believes that a more formal response from State Defendant Carroll is required, please contact the undersigned counsel at (302) 577-8400. Thank you.

Sincerely,

/s/ Erika Y. Tross

Erika Y. Tross
Deputy Attorney General
Attorney for State Defendant
Thomas Carroll

cc:  Jimmie Lewis, Plaintiff
Enclosures

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

JIMMIE LEWIS,)	
)	
Plaintiff,)	
)	
)	Civil Action No. 06-778-GMS
v.)	
)	Jury Trial Requested
)	
THOMAS L. CARROLL, et al.)	
)	
Defendants.)	

AFFIDAVIT OF THOMAS SEACORD

I, Thomas Seacord, having been duly sworn by law, do hereby depose and state as follows:

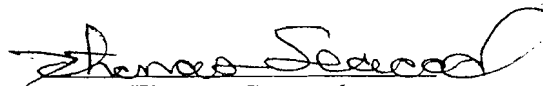
1. I am employed by the State of Delaware Department of Correction ("DOC") as a Lieutenant in the Classification Office at the Delaware Correctional Center ("DCC"), Smyrna, Delaware. I have been employed by DCC since May 30, 1989 and have worked in the Classification Office since August 1, 2005.

2. On April 20, 2007, Inmate Jimmie Lewis, SBI #506622, requested that he be moved to protective custody. Inmate Lewis stated that the reason he was requesting protective custody was because two inmates were threatening him while he was housed on the Special Needs Unit. Inmate Lewis was transferred to protective custody – Building 18, Tier C, Cell 12 – that same day.

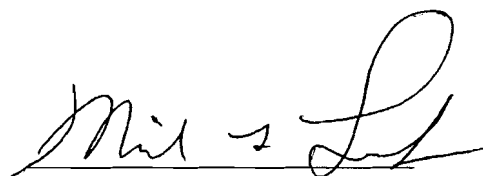
3. Approximately two weeks later, on May 4, 2007, Inmate Lewis was transferred to the Infirmary at DCC for treatment. Inmate Lewis is, at present, still

housed in the Infirmary. He will be transferred back to protective custody when he is discharged from the Infirmary.

4. When Lewis returns to protective custody I, along with another counselor, will review his classification on a weekly basis. Inmate Lewis, however, will remain in protective custody until he requests removal by signing off on a statement that he no longer believes protective custody is necessary.


Thomas Seacord

SWORN AND SUBSCRIBED before me this 10th day of May, 2007.


Notary



Protective Custody

20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
26	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28	Lewis, Jimmy	506622	INF	4/20/2007	Carjacking 2nd, Theft over \$1000	11/1/2008	Signed on stating that 2 inmates in SNU were threatening to beat him up. Both inmates denied claim and Lewis admits to not taking meds	?
29	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

5/8/2007

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY

STATE OF DELAWARE

v.

Jimmie Lewis

ID: 0305016966

ORDER

This 4th day of Dec, 2007, upon consideration of defendant's motion for reduction/modification of sentence, the presentence report/prior record, and the sentence imposed upon the defendant;

NOW, THEREFORE, IT IS ORDERED that defendant's motion for reduction/modification of sentence is DENIED for the following reason(s):

- ☐ The sentence in this case was imposed pursuant to a Plea Agreement between the State and the defendant and signed by the defendant. Superior Court Criminal Rule 11(e)(1)(c).
- ☒ The motion was filed more than 90 days after imposition of the sentence and is, therefore, time-barred. The Court does not find the existence of any extraordinary circumstances.
- ☒ Pursuant to Superior Court Criminal Rule 35(b), the court will not consider repetitive requests for reduction or modification of sentence.
- ☐ The sentence imposed is mandatory and cannot be reduced or suspended.
- ☐ The sentence was imposed after a violation-of-probation hearing was held, and the Court determined the defendant had violated the terms of his probation. The defendant is not amenable to probation at this time.
- ☒ The sentence is appropriate for all the reasons stated at the time of sentencing. No additional information has been provided to the Court which would warrant a reduction or modification of this sentence.
- ☒ Other: The Motion for Clarification is also denied

Peggy L. Ableman
Judge Peggy L. Ableman

oc: Prothonotary
pc: Defendant
Department of Justice
Investigative Services

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 20618	Grievance Date : 11/12/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Staff Issues	Incident Date : 11/12/2005	Incident Time : 10:45
IGC : Merson, Lise M	Housing Location : Bldg 19, Upper, Tier A, Cell 7, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I was sprayed with capstun by Sgt. G. Everett while secured in Building 19, AU 7 because of my numerous request to speak to a Lieutenant. As a result I was transferred to the Infirmary for physical and psychiatric treatment. Today, Sgt. Everett approached my cell and made mention of making things worse by threatening to spray me again with capstun. She fabricated an allegation that I assaulted her.

Remedy Requested : An investigation by Internal Affairs to ensure that my U.S.C.A are unjustifiably violated.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : NO	Date Received by Medical Unit :
Investigation Sent :	Investigation Sent To : Taylor, Ramon
Grievance Amount :	

Donahue Justine (Courts)

From: Wright Cindy (DOC)
Sent: Tuesday, March 18, 2008 10:32 AM
To: Ableman Peggy L (Courts)
Cc: Donahue Justine (Courts); Ruebeck Janice (Courts)
Subject: RE: Habeas - Jimmie Lewis SBI#00506622

Your honor,

Jimmy Lewis SBI: 506622 is currently serving the following sentences:

#0305016966 – CR# IN03-06-0175 - Carjacking 2nd – 5 years at level 5 – Sentenced on 2/11/05 by your honor.

#0305016966 – CR# IN03-06-0176 – Theft \$1000 or > - 2 years suspended after serving 1 year at level 5 followed by 6 months at Plummer Center – followed by 6 mths at level 3.

He is serving a total of 5 years at level 5. His effective date is 5/26/03 and his maximum expiration date is 5/24/09. His current short time release date after deduction of 204 statutory goodtime is 11/01/08.

This inmate was housed at Delaware Psychiatric Center from 8/27/07 until 12/14/07. He was then transferred to our institution due to his violence towards DPC staff.

Please do not hesitate to contact me for further information.

Cindy Wright
Records Supervisor
Delaware Correctional Center
Phone 302-653-9261 ext. 2169
Fax 302-653-5023

From: Ruebeck Janice (Courts)
Sent: Tuesday, March 18, 2008 9:50 AM
To: Wright Cindy (DOC)
Cc: Ableman Peggy L (Courts); Donahue Justine (Courts); Waters Ophelia (DOJ)
Subject: Habeas - Jimmie Lewis SBI#00506622

This defendant has filed a Petition for Writ of Habeas Corpus. Please identify for the court all commitments on which this defendant is being held. Please provide in your response Case ID Numbers, Criminal Action Numbers, and amounts and types of bail if applicable, sentences being served, detainers, capias and warrants, i.e. whatever is holding the defendant. If this defendant is being held awaiting Extradition, please provide the court with the time and date of the Extradition Hearing.

Please respond directly to Judge Ableman to whom this Habeas Corpus petition has been assigned, with a copy to her secretary Justine Donahue and myself. A quick response may eliminate the need to have the defendant transported to the courthouse for a hearing.

Thank you for your time and attention to this matter.

Janice Ruebeck
Case Processing Supervisor
NCC Prothonotary's Office
ph. 302.255.0701
fx. 302.255.2265

3/18/2008



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
DELAWARE CORRECTIONAL CENTER
OFFICE OF THE DEPUTY WARDEN
1181 Paddock Road
SMYRNA, DELAWARE 19977
Telephone: (302) 653-9261
Fax: (302) 659-6667

MEMORANDUM

TO: Inmate Jimmie Lewis SBI No. 00506622, Housing Unit 18
FROM: Deputy Warden Burris EBurris
DATE: March 13, 2007
RE: Inmate Letter(s)

During 2006, I did not have an opportunity to answer every inmate letter. However, action was taken on most letters received.

If you wrote to me in 2006, and the topic about which you wrote is still an issue for you, please write back to me now. I am at a point where I am answering every inmate letter again; therefore, you will receive an answer in the near future.

NAME Jimmie LewisDATE 9/8/07UNIT NORTH 63, JEMATTENDING PSYCHIATRIST DR DOWD ATRF

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form - Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

FOR THE LAST PAST (8) WEEKS, I'VE BEEN
MONITORED FOR SUICIDE VIA ONE TO ONE CLOSE
OBSERVATION, BUT INSTEAD OF THE TREATMENT TEAM
UTILIZING (THE PINK SLIP NOTING ~~MY~~ SUICIDAL IDEATIONS
~~THAT~~ VIA ONE TO ONE FLOW SHEET), (THE GOLD SLIP,
NOTING SERIOUS HARM TO OTHER IS BEING UTILIZED
AS THE ONE TO ONE FLOW SHEET.) THIS VALIDATES THAT
THE TREATMENT TEAM IS NEGLECTING TO TREAT ME FOR
MY SUICIDAL IDEATIONS, THIS IN CONJUNCTION WITH THE
FACT THAT I HAVE NOT RECEIVED ANY COUNSELING FROM
A BOARD CERTIFIED ~~PSYCHOMOTOR~~ PSYCHOLOGIST, DEFINES
MISTREATMENT - ABUSE AND NEGLECT.

RESOLUTION SOUGHT: FOR THIS MATTER TO BE INVESTIGATED
FOR MISTREATMENT - ABUSE AND NEGLECT.

Patient/Family Signature

Jimmie Lewis

Date

9/8/07

Received By

Shanell J. Hargan, LCN

Date

9/8/07**DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE**

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept (255-4418) IMMEDIATELY, prior to the start of the investigation.

Patient: Jimmie Lewis Date of Grievance: 9-8-07

Response to Patient or Patient's Representative

The name of the hospital contact person: _____ Nancy D. Pearsall _____

The steps taken on behalf of the patient to investigate the grievance: Met with Mr Lewis

The results of the grievance process: We can use the gold or the blue since we have two concerns, however, we will change to blue to signify that we are paying attention to aggression and also monitoring for suicide. Also on 9-11-07 you will start receiving one on one counseling from your Psychiatric social worker Mr Benjamin.

The date the investigation was completed: 9/10/07Unit Director/Designee's Signature: Nancy D. PearsallDate: 9/10/07

I, Jimmie Lewis am am not satisfied with this response:
 Patient/Representative's Signature

Date: 9/10/07**DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:**

If the resolution is accepted, make a copy of this signed/dated Grievance Form for the patient or family. Forward the original Grievance Form to the Performance Improvement Department. If the resolution is not accepted, provide a copy of the form to the patient or patient's representative, fax a copy of the Grievance Form to the Performance Improvement Dept (255-4418) and forward the original Grievance Form to the Hospital Director/Designee.

HOSPITAL DIRECTOR/DESIGNEE'S RESPONSE:

Hospital Director/Designee Signature/Title: _____ Date: _____

I, _____ am am not satisfied with this response:
 Patient/Representative's Signature

Date: _____

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or patient's representative. Forward the original form to the Performance Improvement Dept



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: JIMMIE LEWISDATE: 8/22/07UNIT: NORTH 63, J.E.MATTENDING PSYCHIATRIST: DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

BECAUSE I AM IN AGONY = GRIEF AND DISPAIR,
MY HOPELESSNESS ABOUT HOW I THINK AND FEEL AS A
PERSON HAS CAUSED ME TO CONTINUOUSLY CONTemplate THOUGHTS
OF SUICIDE. THIS GIVES REASON FOR WHY DR. DONAHUE
PLACING ME ON ONE TO ONE CLOSE OBSERVATION ON 7/3/07,
BUT AS OF TO DATE 8/22/07, I HAVE NOT HAD ANY TYPE
OF PSYCHOTHERAPY FROM A PSYCHOLOGIST THAT WOULD HELP
ME OBTAIN NORMACY AND OR AT LEAST CONTRACT FOR MY
VERY OWN SAFETY.

RESOLUTION SOUGHT: TO RECEIVE PSYCHOTHERAPY FROM
A PSYCHOLOGIST, AND FOR THIS MATTER TO BE INVESTIGATED
FOR MISTREATMENT, ABUSE AND NEGLECT.

Patient/Family Signature: Jimmie LewisDate: 8/22/07Received By: [Signature]Date: 8-21-07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: JIMMIE LEWISDATE: 12/5/07UNIT: JEM NORTH 63ATTENDING PSYCHIATRIST: DR. A. DONALDUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

I'VE BEEN PUNISHED WITH LONG TERM
PRIVILEGE RESTRICTION SINCE 7/3/07,
FOR WHICH HAS ONLY MADE ME FEEL WORSE -
BEING PLACED ON SUCH LONG TERM RESTRICTION,
I.E, NO VISITS, NO VENDING, NO GYM, NO WEIGHT ROOM
IS CRUEL AND UNUSAL BECAUSE OTHER PATIENT/RESIDENTS
ARE ALLOWED SAID PRIVILEGES, AS WELL AS BECAUSE
SAID PRIVILEGES ARE ACTUALLY DEEMED THERAPY (GYM - WEIGHT

RESOLUTION SOUGHT: FOR THIS MATTER TO BE INVESTIGATED
FOR ABUSE - NEGLECT AND MISTREATMENT

Patient/Family Signature: Jimmie LewisDate: 12/5/07Received By: M. Carron RNDate: 12/5/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance
Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: Jimmie LewisDATE: 10/24/07UNIT: NORTH 63, J.E.MATTENDING PSYCHIATRIST: DR. A. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

IN REGARDS TO MY RAPIDLY APPROACHING DISCHARGE
DATE 12/9/07, I HAVE REQUESTED THAT THE
TREATMENT TEAM INFORM ME OF ALL NECESSARY
TREATMENT - THERAPY AND OR COUNSELING THAT
I SHOULD BE SUBJECTED TO AND OR BE REFERRED TO?
BUT I HAVE NOT RECEIVED AN APPROPRIATE RESPONSE.

RESOLUTION SOUGHT: FOR THE TREATMENT TEAM
TO INFORM ME OF ANY AND ALL NECESSARY TREATMENT -
THERAPY AND OR COUNSELING THAT I SHOULD BE SUBJECTED
TO IN REGARDS TO THE PROCEEDING FIRST AND SECOND
YEAR(S) FOLLOWING MY RAPIDLY APPROACHING DISCHARGE
DATE OF 12/9/07, CONSIDERING THAT I AM NOT "FLATLINE"
BY THAT TIME.

Patient/Family Signature: Jimmie LewisDate: 10/22/07Received By: [Signature]Date: 10/22/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.

Mr. Lewis One to One Observation Guidelines.

- Specific Risk Issue line of the Flow sheet should read: **High Risk for aggression towards other with thoughts to hang himself. Patient also noted with inappropriate sexual behavior and statements.**
- Patients room and person is searched each shift patient and documented in the chart.
- Patient is not permitted personal belonging only Bible, two set of Reds, (5) sets of underwear. Cosmetic stored in the closet and given small amount as needed. Also No razors
- Patient is not permitted privacy. Gender appropriate staff when using the bathroom and during pat down searches while in camera view.
- Staff member must be within one arm length at all times direct eye sight except when in bed room he remains eye sight and staff must be positioned in the hall way with direct eye sight an only male staff on the 11-7 shift. He must move behind any unit movements i.e. last to enter dining room and last to leave. Keep buffer between him and other patients.
- If patient approaches a peer or staff member in an aggressive manner this could be verbal or physical, get your peers involved immediately and call the nurse.
- In the event that Mr. Lewis begins to threaten or intimidate you while monitoring him notify the nurse immediately so that he can be assessed for his level of aggression towards others. If he continues to threaten, intimidate, curse, posture and is unwilling to regain control after the least restrictive intervention have been attempted the nurse **must** consider the higher levels of interventions such as involuntary administration of medication, seclusion and **Four Point Restraints** if he has fails to deescalate while he is being secluded.
- The hourly summary documentation on the flow sheet must reflect and all threatening statements as well as any behavior while on the One to One observation. If you are relieved for any period the time must be reflected in the summary note.
- If Mr. Lewis is not following staffs direction while on the unit he should not be permitted off the unit for any additional activity. Notify the nurse immediately. He is currently on **Full Restriction**.
- Again notify the nurse immediately and get involved with all pre-crisis aggression such as arguing, threatening posturing etc.

NAME:

Jimmie Lewis

DATE:

8/22/07

UNIT:

NORTH 63 J.E.M.

ATTENDING PSYCHIATRIST:

DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

BECAUSE I AM IN A BONY - GRIEF AND DISPAIR,
MY HOPELESSNESS ABOUT HOW I THINK AND FEEL
AS A PERSON HAS CAUSED ME TO CONTINUOUSLY
CONTINUE THOUGHTS OF SUICIDE. THIS GIVES
REASON FOR WHY DR. DONAHUE PLACING ME
ON ONE TO ONE CLOSE OBSERVATION ON 7/3/07,
BUT AS OF TO DATE 8/22/07 I HAVE NOT
HAD ANY PSYCHOTHERAPY FROM A PSYCHOLOGIST
THAT WOULD HELP ME OBTAIN NORMALCY AND OR
TO CONTRACT FOR MY VERY OWN SAFETY.
RESOLUTION SOUGHT: TO RECEIVE ~~PSYCH~~ PSYCHOTHERAPY
FROM A PSYCHOLOGIST

Patient/Family Signature:

Jimmie Lewis

Date:

8/22/07

Received By:

Janeth J. Ramirez, RN

Date:

8/21/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: Jimmie LewisDATE: 8/29/07UNIT: NORTH 63, J.E.M.ATTENDING PSYCHIATRIST: DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

UPON RETURNING TO THE JANE E. MITCHELL BUILDING
HERE AT THE D.P.C., DIRECTOR NANCY PEARCELL,
NURSE MANAGER CURTIS CORNISH AND DR. DONAHUE ON
8/27/07 PLACED ME ON 15 DAY FULL RESTRICTION, IN
REGARDS TO MY BEING ASSULTED BY PATIENT /RESIDENT
EARL WARREN, AND THEREFORE PUNISHED ME INSTEAD
OF CALLING THE POLICE IN ORDER TO ALLOW ME TO
PRESS CRIMINAL CHARGES AGAINST EARL WARREN
EVEN THOUGH THE TREATMENT TEAM FULLY KNOWS
THAT ON 7/2/2007 I FILED GRIEVANCE AGAINST
EARL WARREN REGARDING ~~MY~~ HIS ASSULTING ME IN THE PAST.
SAID MATTER DESCRIBES A VIOLATION OF MY 8TH AND 14TH
UNITED STATES CONSTITUTIONAL RIGHTS AS WELL AS MY PATIENT
RIGHTS.

RESOLUTION SOUGHT: FOR THIS MATTER TO BE INVESTIGATED
FOR MISTREATMENT, ABUSE AND NEGLECT

Patient/Family Signature: Jimmie LewisDate: 8/29/07Received By: Janett J. Hamegan RNDate: 8/29/07**DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:**

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: Jimmie LewisDATE: 10/7/07UNIT: NORTH 63 J.E.M.ATTENDING PSYCHIATRIST: DR. A DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

ON 10/5/07 AT OR ABOUT 11:00 PM

N.A. C. OATES THREATENED ME, I REQUESTED THAT
HE CONTACT A NURSE BUT HE REFUSED TO DO SO.

THEREAFTER, C. OATES AGAIN POSTERED ON ME IN
THE HALL WAY AS IF HE WAS GOING TO STRIKE ME
WITH HIS FIST. I THINK N.A. C. OATES INTENDS TO
DO ME PHYSICAL HARM

RESOLUTION SOUGHT: FOR THIS MATTER TO BE INVESTIGATED
FOR MISTREATMENT AND ABUSE.

Patient/Family Signature: Jimmie LewisDate: 10/7/07Received By: [Signature]Date: 10/7/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance
Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: Jimmie LewisDATE: 10/7/07UNIT: NORTH 63, JEMATTENDING PSYCHIATRIST: DR. A DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

BECAUSE (A) OF MY GRIEF, AGONY AND DISPAIR
I AM SUICIDAL, (B) BECAUSE MY COGNITIVE AND
VOLITIONAL FUNCTIONS ARE GROSSLY UNBALANCED,
(C) ALONG WITH THE STAFF UTILIZING SEAN SISSON'S
AND EARL WARREN TO SET ME UP TO ACT OUT IN
SOME SORT OF CRIMINAL MANNER, GIVES REASON
WHY I ~~NOW~~ SHOULD BE RECEIVING HELP SUCH AS
PSYCHOTHERAPY FROM A PSYCHOLOGIST, BUT FOR THE LAST
PAST (12) WEEK THE TREATMENT TEAM HAS DENIED ME THE
AFOREMENTIONED TREATMENT BECAUSE I HAVE PENDING
CIVIL COMPLAINT 04-1350 GMS

RESOLUTION SOUGHT: FOR THIS MATTER TO BE INVESTIGATED
FOR MISTREATMENT, ABUSE AND NEGLECT.

Patient/Family Signature: Jimmie LewisDate: 10/7/07Received By: [Signature]Date: 10/7/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: JIMMIE KENIS DATE: 8/22/07
UNIT: NORTH 63 J.E.M ATTENDING PSYCHIATRIST: DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

SUSAN WATSON ROBINSON THE DIRECTOR OF D.P.C
TOURED THE MITCHELL COMPLEX TODAY BUT FAILED
TO ADDRESS ~~THE~~ ANY RESIDENT/PATIENTS SUCH AS MYSELF
IN ORDER TO PERSONALLY FIND OUT IF THERE ARE ANY
DILEMMA'S HERE AT THE MITCHELL BUILDING AS IT HAS
BEEN NOTED IN THE NEWS JOURNAL REGARDING ~~ABU~~
PATIENT ABUSE – MISTREATMENT AND NEGLECT AS IS
ALSO NOTED IN THE 40 OR MORE GRIEVANCES IVE FILED
SINCE MY 6/6/07 ARRIVAL HERE AT THE J.E.M
RESOLUTION SOUGHT: FOR THIS MATTER TO BE INVESTIGATED
FOR NEGLECT.

Patient/Family Signature: *Jimmie Kenis*

Date: 8/22/07

Received By: *[Signature]*

Date: 8-22-07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: Jimmie LewisDATE: 8/8/07UNIT: South 18ATTENDING PSYCHIATRIST: DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

UNDER COLOR OF STATE LAW HERE AT THE D.P.C THE TREATMENT TEAM, NANCY DEARSALL - DR. DONAHUE - CURTIS CORNISH AND DR. CHARLOTTE SELLS HAVE PLACED ME ON 15 DAY RESTRICTION FOR BREAKING THE TOILET BOLL IN THE SOUTH SIDE DAY HALL WITHOUT

- 1.) GIVEN ME AN OPPORTUNITY TO CONFRONT MY ACCUSER
- 2.) WITHOUT PROVIDING ME WITH A WRITTEN NOTICE OF THE ALLEGED DISCIPLINARY ~~INFR~~ INFRACTION
- 3.) WITHOUT PROVIDING ME WITH ANY WRITTEN CONCLUSIVE FACT FINDING,
- 4.) WITHOUT ALLOWING ME TO APPEAL THEIR DISISION
- 5.) WITHOUT PROVIDING ME WITH A DISINTERESTED PERSON, I.E., THE PATIENT ADVOCATE AT THE HEARING.

THE 15 DAY SANCTION GIVEN TO ME BY THE TREATMENT TEAM, DEFINING THAT I AM RESTRICTED FROM OBTAINING VENDING MACHINE ITEMS, CANDY ETC, VISITS, FRESH AIR, RECREATION, LIKE OTHER PATIENT/RESIDENTS. VIOLATES MY PATIENT RIGHTS AS WELL AS MY 14TH AND 8TH UNITED STATES CONSTITUTION RIGHTS.

RESOLUTION SOUGHT: FOR ALL THE RESTRICTION TO BE LIFTED IMMEDIATELY, AND TO BE PROVIDED WITH THE LISTED INFORMATION

Patient/Family Signature: Jimmie LewisDate: 8/8/07Received By: Amberly LewisDate: 8/8/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.



GRIEVANCE FORM

NAME: JIMMIE LEWISDATE: 6/12/07UNIT: NORTHATTENDING PSYCHIATRIST: DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

HALDOL - ATTAN AND GEODON ARE PSYCHOTROPIC
MEDICATIONS THAT I AM NOT IN AGREEMENT WITH
BECAUSE OF CIVIL ACTION CLAIMING SAID PSYCHOTROPIC
MEDICATIONS HAVE CAUSED ME INJURIES,
AS IS NOTED IN C.A NO. 04-1350 (GMS).

THE RESOLUTION I SEEK IS FOR DIFFERENT MEDICATIONS
OTHER THAN HALDOL - ATTAN AND GEODON TO
BE AVAILABLE PER PRN

Patient/Family Signature: Jimmie LewisDate: 6/12/07Received By: Linda Lopez, CNADate: 6/12/07**DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:**

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept (255-4418) IMMEDIATELY, prior to the start of the investigation



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: JIMMIE LEWISDATE: 7/21/07UNIT: SOUTH 18ATTENDING PSYCHIATRIST: DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form - Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

IN REGARDS TO FORENSIC PSYCH EVAL
OF SANITY AND COMPETENCY DURING
THE DATE OF MY MAY 26, 2003 ARREST
AND MY COMPETENCY DURING MY OCT 21-23-03
CRIMINAL TRIAL; FOR WHICH WAS CONDUCTED
BY DR. SYLVIA FOSTER ON JUNE 10, 04 AND IS
TO ERRONEOUS FOR THE N.C.C SUPERIOR COURT TO
RELY ON

RESOLUTION SOUGHT: FOR A INDEPENDENT PSYCHIATRIST
AND PSYCHOLOGIST TO CONDUCT A INDEPENDANT
PSYCHEVAL PURSUANT TO 16 DEL C 5161

Patient/Family Signature: Jimmie LewisDate: 7/21/07

Received By: _____

Date: _____

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation



NAME: Jimmie Lewis DATE: 7/20/07
UNIT: SOUTH 18 ATTENDING PSYCHIATRIST: DR. DONALDUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

REGARDING S.I.R.S TEST BEING
CONDUCTED BY A DISINTERESTED
AN INDEPENDENT PSYCHIATRIST
NOT EMPLOYED BY THE D.P.C
SEE ATTACHED STATEMENT;
AS WELL AS # 3 OF NOTIFICATION
OF PATIENT RIGHTS D.P.C ATTACHED
AS EXHIBIT.

Patient/Family Signature:

Jimmie Lewis

Date:

7/20/07

Received By:

Lucie M. Finkels

Date:

7/20/07**DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:**

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: Jimmie Lewis

DATE: 12/3/07

UNIT: JEM NORTH 63

ATTENDING PSYCHIATRIST: DR. A. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.) If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a member of your Treatment Team.

DUE TO MY BEING INJECTED WITH
NUMEROUS PSYCHOTROPIC DRUG DATING
FROM 5/21/04 TO 6/25/04 HERE AT
THE J.E.M. BUILDING, I BELIEVE SAID
DRUGS, I.E., ATIVAN - HALDOL - GEODON
GAVE ME BRAIN DAMAGE.

RESOLUTION SOUGHT: FOR THIS MATTER
TO BE INVESTIGATED VIA C.A.T AND OR MRI
SCAN.

Patient/Family Signature: Jimmie Lewis

Date: 12/03/07

Received By: Jemina Hupn RN

Date: 12/03/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.



DELAWARE PSYCHIATRIC CENTER
Grievance Form

NAME: Jimmie LewisDATE: 8/8/07UNIT: SOUTH 18ATTENDING PSYCHIATRIST: DR. DONAHUE

In the space below, please write your complaint or grievance. (Use additional pages if necessary.)
If you need help in completing this form – Unit Staff, the Patient Advocate (255-2775), or the
Director of Consumer Affairs (255-9421) will assist you. Give the completed form to unit staff or a
member of your Treatment Team.

I AM NOT IN AGREEMENT WITH DR. DONAHUE
PRESCRIBING ME PSYCHOTROPIC MEDICATIONS, ESPECIALLY
IN REGARDS TO DR. DONAHUE NOTING ME THAT
HE DOES NOT HAVE ME AS BEING DIAGNOSED WITH
ANY MENTAL ILLNESSES.

FOR RESOLUTION SOUGHT! FOR ANY AND ALL
PSYCHOTROPIC MEDICATIONS TO BE DISCONTINUED
IMMEDIATELY, BECAUSE I NEVER WAS IN AGREEMENT
TO ANY PSYCHOTROPIC MEDICATION BEING INVOLUNTARILY
GIVEN TO ME.

Patient/Family Signature: Jimmie LewisDate: 8/8/07Received By: Amberly GableDate: 8/8/07

DIRECTIONS FOR UNIT DIRECTOR/DESIGNEE:

Make a copy of this signed/dated Grievance Form for the patient or family. Fax a copy of the form to the Performance Improvement Dept. (255-4418) IMMEDIATELY, prior to the start of the investigation.

I/M: Jimmie Lewis
SB# 506622 UNIT SHU17, A11
~~DELAWARE~~ ~~DELAWARE~~ ~~DELAWARE~~
DELAWARE JUDICIAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



CLERK OF THE COURT (GMS)
U. S. DISTRICT COURT
844 N. KING ST, COCKBOY 18
WILMINGTON, DELAWARE
19801